

Illinois
Uniform Partnership Act
Statement of Partnership Authority

FILE #: _____

This space for use by Secretary of State.

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$25

Approved: _____

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Partnership Name: _____

2. Check one: Partnership or Limited Liability Partnership

3. Federal Employer Identification Number (F.E.I.N): _____

4. Address of Chief Executive Office: _____

Street Address (Address must be a street address. P.O. Box alone is unacceptable.)

City, State, ZIP

5. Illinois office address: _____ **IL** _____
Street Address City ZIP

6. a) Registered Agent and Office address in the State of Illinois: _____
Name of Registered Agent

Street Address City **IL** ZIP

OR

b) Names and Mailing Addresses of all Partners: (for additional space, use same format on 8.5 x 11" paper)

Name Street Address City, State, ZIP Title (Partner/Agent)

Name Street Address City, State, ZIP Title (Partner/Agent)

Name Street Address City, State, ZIP Title (Partner/Agent)

7. Name(s) of Partner(s) authorized to execute an instrument transferring real property held in the name of the partnership:

8. Authority or limitation on authority of some or all partners to enter into other transactions on behalf of the partnership and any other matter (optional):

UPA-303

9. If applicable, the filing of this statement cancels or amends a Statement in effect. File date of original statement: _____, _____. Description of the amendment or cancellation: _____

10. Unless earlier cancelled, this Statement of Partnership Authority is cancelled 5 years after the file date, or most recent amendment to this Statement filed with the Secretary of State.

The undersigned declares, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by a partner.

Signature

Name (type or print)

Name if a Corporation or other Entity

Street Address

City, Town

State, ZIP